

Crisis Vision/Plan -Current status

Since the last plan was turned in, Alamance-Caswell-Rockingham has made some strides toward fulfilling the plan. Below is a brief summary of what has been accomplished.

As stated in the previous plan; in Rockingham County, Advanced Health Resources, a service provider, has been identified to provide walk-in crisis services Monday–Friday, 8am–5pm. They have had some difficulty in acquiring a psychiatrist; however, they are presently in negotiations with a licensed psychiatrist and psychologist to provide this service. **They have received a commitment from the psychiatrist to provide crisis service. We have requested \$50,000 to help fund this commitment and once monies are available to hire they will come on board.**

We had also set a goal for the month of October to re-direct traffic, and inform the community of where crisis services will be; starting November 1, 2007. Our communications included informing major stakeholders, such as police, magistrates, sheriffs, hospitals, schools, Department of Social Services, the health department, the Department of Justice, and Private providers. **We have begun doing this and have already met with many stakeholders such as: the Sheriff, social services, magistrates, judges, clerk of courts, and the health department. Please see the “stakeholder” attachment for the current list of stakeholders, attendees and dates.**

In an effort to continue to decrease hospitalizations, and to divert clients to a community setting when possible, it was stated that Advanced Health Resources will allocate a qualified professional to Morehead Hospital to do crisis interventions and evaluations. **A qualified professional has been identified to fulfill this duty.** We agreed to support this position for the first year by allocating **\$36,000**. We would still like to support community hospitalizations vs. state hospitalizations when possible, therefore we are still requesting **\$15, 544** to use toward sponsorship for clients to be served at the local hospitals (Moses Cone, and ARMC)I.

We have also moved forward with our media plan for Alamance-Caswell and Rockingham Co. Attached is the schedule of when news releases have/will go out. There is also an attachment of the news release. We have also made brochures to inform the community of our services and how to access us. Note that Mobile crisis is included in this brochure, which was part of our media plan to get the word out about their services. A mobile crisis team member will start traveling with the LME and the Rockingham crisis provider on 9/21/07 to inform the stakeholders of their services. Business cards (also attached) were made and have been distributed to Alamance Regional Hospital, Morehead Hospital and to all stakeholders that we have spoken to currently. They will continue to be

distributed at each meeting we attend. Magnets and pens have been ordered and once we will begin distributing them to stakeholders in our community.

The LME is still requesting **\$52,000** to fund additional capacity for after-hours, nights and weekends in all three counties.

In our original crisis vision it was stated that we needed additional crisis and detox beds. Since then we have found other alternatives and the need has changed because of the opening of the additional ADATC beds. **With the availability of these additional beds Residential Treatment Services (RTS) no longer has a waiting list and are able to meet the current need.** Although the crisis and detox bed are no longer needed we have approached RTS about holding beds for clients who are put on commitment and are waiting to get transported to JUH. RTS has identified a home and are currently researching what needs to be done to get it up to code to meet this need. They are willing to have their doctor see clients that are awaiting transport and reassess them before they are transported to JUH. The home would provide for a comfortable place for the client and the sheriff to wait until JUH has a bed available. It also will give us a chance to reassess before transport is done and clients may have de-escalated enough to seek another alternative other than hospitalization.

We also requested funding for a transitional housing program for Rockingham Co and also dollars to for Alcohol Drug Services (ADS) to open an office in Rockingham County to offer Individual outpatient, outpatient group and community support for adults and children. Rockingham and Caswell County were targeted due to the high volume of hospitalizations and lack of resources in these areas. **The LME nominated ADS to receive this funding through the Mental Health Trust fund and it was awarded, so these funds are no longer needed.**

Emergency respite was not a high need in our original plan and continues to not be so at this time. We will continue to assess the need for this service periodically.

Transportation was identified as a need and continues to be. Our finance department is currently identifying funds (outside of the plan) to meet this need. This will allow us to provide taxi vouchers for consumers who need a way to access services on an emergency basis.

First Responders training is being pursued by our Provider Relations department so that our crisis systems are not the front line for clients who are being seen at agencies who have "first responders" duties.

The Crisis Committee has been identified and UR/STR and Provider relations are working together to identify an initial meeting time and place.